

lawful Practice of Medicine, a committee of 17 members which is charged with cooperating with other agencies to secure compliance with the medical practice laws. This committee is authorized to confer with public officials, to seek out and attempt to prohibit the unlawful practice of medicine and to use all available means of consultation, cooperation and persuasion in stopping those acts which are considered to be unlawful practice.

Failing in such endeavors, the committee is authorized to seek legal injunctions against such alleged illegal practices and to follow up with court action. The committee has been made adequately large to comply with the requirements of the new law and properly representative of both the official C.M.A. family and the geographical and population factors of California. It reports directly to the C.M.A. Council and will operate under the guidance and authority of that body.

The legal profession has had such committees for a number of years and has found them to be singu-

larly effective in stopping the illegal practice of law. Now medicine has the same opportunity.

Here at last is the chance for medicine to put a stop to various forms of illegal medical practice, in cooperation with those public agencies which have previously been authorized to seek such legal relief. Here is the opportunity to deal cooperatively with public agencies, with the prerogative of taking further legal steps if such agencies do not agree to go to court in particular instances.

This committee is not expected to perform spectacular feats. It is not expected to revolutionize any existing conditions or seek to inflict unusual punishment on those who may be violating the medical practice laws. Rather, it is expected to bring about an orderly compliance with the laws of the state and to exert its influence by access to courts where lesser measures fail. Its results should provide better safeguards, in the public interest, against illegal medical practices which may encompass fraud, misrepresentation and quackery.

Trouble in Paradise?

MR. JOSEPH T. DESILVA, a man who confesses to many talents and who is at present the executive secretary of the Los Angeles Retail Clerks Union Local 770, will probably be the least surprised of all our readers to find himself the author of this "Guest Editorial."

Writing in *The Voice of 770*, Mr. DeSilva makes some valuable contributions to the history of panel practice plans. His remarks should be of more than passing interest to any employee group contemplating the purchase of a health plan. Physicians can be of assistance by calling Mr. DeSilva's words to the attention of persons contemplating the interruption of the personal patient-physician relationship and thereby becoming captives in a panel scheme.

Step in, Mr. DeSilva:

"Because of the transition from the initial Permanente operations to the expanded services in conjunction with the new hospital, we are very well aware that some inconveniences have occurred. For instance, the long waiting period for appointments—a problem which is now being reduced systematically. Another, the waiting period for elective surgery (when a person chooses to have surgery performed when it could wait). The inadequacy of the house call procedure. The strain under which the doctors have been working. The hastily put together non-professional staff.

"At each week's meeting between Permanente and executive office personnel of the Union, these prob-

lems are being ironed out. We will eventually be 'on top' of the situation, anticipating the problems rather than settling crises.

"PLAN ABUSED

"While we have now slapped ourselves on the wrist, all of the problems are not due entirely to Permanente failure to predict the future nor the Union's short vision. At least a substantial part of the blame is caused by the many members who abuse the plan. Their impatience causes friction. They request house calls for ordinary matters which could be handled by themselves. They possess no regard for time and engage in lengthy telephone conversations explaining to the nurse all the facts that should be told to the doctor, tying up the switchboard for other calls which may very well be emergencies. They make appointments and do not show.

"The 'no shows' are the worst. Others lose out because the doctor and nurse have turned down other appointments to reserve their time for a person who turns out to be a 'no show.'

"CONSTRUCTIVE CRITICISM

"Because it is the popular thing to do, the easiest way to get out of any situation, we have fallen into the same groove of the national and world pattern of building hatred through criticism in order to hide our own shortcomings. So if criticism must be

done, let it be in the form of constructive suggestions.

"But we have painted a dark picture. All is not as black as pictured, for each day the situation grows brighter. Nothing is being neglected; everything that can be done is being done to make your health plan a joy for every member.

"Are you one of the lucky ones who did not have

to call a doctor? We hope you stay that lucky."

Since Mr. DeSilva is our guest we must, perforce, refrain from drawing any conclusions from his dissertation on the travails of a union agent attempting to invade the field of medicine. Courtesy indicates we say only:

"We, too, hope you stay *that lucky* — Mr. DeSilva."

Reprints of the above in circular form are available in any quantity to C.M.A. members. Requests should be directed to the *Public Relations Department*, CALIFORNIA MEDICAL ASSOCIATION, 450 Sutter, San Francisco

LETTERS to the Editor . . .

Hand Talking Chart

April 20, 1953

WHILE in a right hemiplegic complete aphasic condition, I evolved the "Hand Talking Chart." I have been distributing the chart with the cooperation of the editors of medical publications. It is estimated

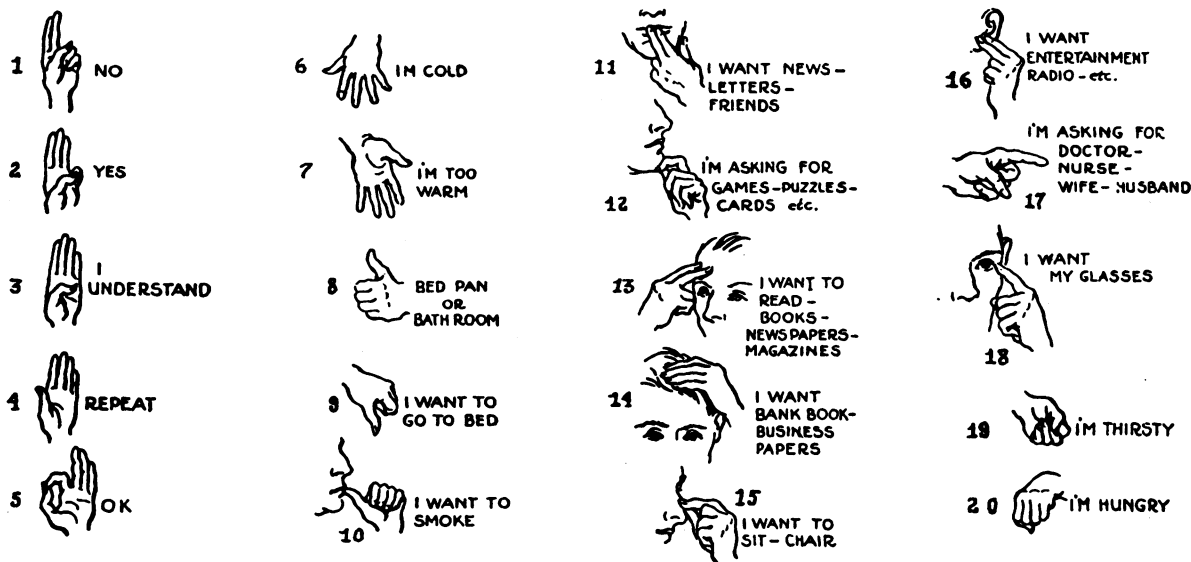
there are 400,000 aphasic persons in this country.

Readers may have copies of the chart, gratis.

Sincerely yours,

HAMILTON CAMERON

601 West 110th Street
New York 25, N. Y.



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HAND TALKING CHART. The sign language in the designs speaks for itself. The figures and letters across the bottom are independent of the designs. By pointing with pencil or finger to the letters or figures needed to further a conversation, communication between patient and friend can be amplified even to the "dictation" of a letter by the patient who otherwise would remain completely inarticulate.